



**DAY CARE AIDE/  
RELATIVE CARE PROVIDER  
APPLICATION**  
State of Michigan  
Family Independence Agency (FIA)

**INSTRUCTIONS TO PROVIDER:**

- Complete **all** Sections. Read all pages.
- Sign and date the form.
- Attach proof of your identity, age and Social Security Number.
- FIA must receive this form within 21 days of your signature **and proof of your identity, age and Social Security Number.**
- You will be sent an FIA-4807, Notice of Child Development and Care (CDC) Provider Eligibility.
- You will be sent an FIA-198, Child Development and Care Certificate/ Notice of Authorization, which authorizes care if the family is eligible.

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	Specialist	Date
Specialist Name					
Local FIA Office				Telephone Number	
Local Office Address (Street Number and Name)					
City				State	Zip Code

**THIS FORM MUST BE RECEIVED BY THE LOCAL FIA OFFICE BEFORE ANY PAYMENTS CAN BE AUTHORIZED**

**SECTION I**

**I am applying to be a (check one):**

☐ **DAY CARE AIDE** I understand that:

- I **must** provide the care in the home where the child lives and
- I may be related to the child.

☐ **RELATIVE CARE PROVIDER** I understand that:

- I **must** be an adult **and** a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle or sibling/step-sibling of all child(ren) in care;
- I **must** provide the care in my home and **not** the home where the child lives;
- I **must** live in Michigan and **not** in the same home as the child.

**SECTION II**

Name	Maiden & Other Names Used	Date of Birth	Sex	Social Security #	Race	Driver's License #
Street Address (Number and Street)		City		State <b>MI</b>	Zip Code	County
Have you ever received FIA payments for providing child care services? <input type="checkbox"/> NO <input type="checkbox"/> YES		Provider ID Number		Telephone Number ( )		
Do you receive any other reimbursement for caring for any of the children listed below? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, from whom?)		Where do you provide the child care? <input type="checkbox"/> HOME WHERE CHILD LIVES <input type="checkbox"/> MY HOME		Do you live with the child(ren) in care? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, you may <u>only</u> apply to be a day care aide.		
Are you an adult home help provider? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, for whom?)		Are you related to any of the children below? If yes, list child(ren)'s name(s) and relationship. <input type="checkbox"/> NO <input type="checkbox"/> YES ►				
<b>Name of Child(ren) You Are Providing Child Care For</b>	<b>Child's Date of Birth</b>	<b>Start Date of Child Care</b>	<b>Days/Times Child Care is Provided</b>			
			<b>S</b>	<b>M</b>	<b>Tu</b>	<b>W Th F S</b>
Have you ever been convicted of a crime? FIA will complete background checks. If you do not want background checks done, you should not apply. DESCRIBE:			Felony? <input type="checkbox"/> NO <input type="checkbox"/> YES			
			Felony? <input type="checkbox"/> NO <input type="checkbox"/> YES			
If you are applying to be a relative care provider, list all persons who live in your home:						
Name	Maiden & Other Names Used	Date of Birth	Sex	Social Security #	Race	Driver's License #

## SECTION III

### REQUIREMENTS TO BE AN FIA ENROLLED DAY CARE AIDE OR RELATIVE CARE PROVIDER:

- You will not be enrolled, and will not receive FIA payment, if a background check shows that you (and/or, if you are applying to be a relative care provider, any adult member of your household) have been a perpetrator on a confirmed Children's Protective Service case.
- You will not be enrolled, and will not receive FIA payment, if you report, or a background check determines, that you have been convicted of certain crimes.
- You must have a valid Social Security Number.
- You must be at least 18 years of age during the time care is provided to be enrolled as a relative care provider.
- You must be at least 16 years of age during the time care is provided to be enrolled as a day care aide.
- You must not care for more than six children (including your own children) at the same time.
- You must not care for more than two children (including your own children) under the age of 12 months at the same time.
- You must be able to read and write.
- If you are enrolled as a day care aide, you may receive payment **only** for care provided in the home where the child lives.
- If you are enrolled as a relative care provider, you may receive payment **only** for care provided in your home, **not** the home where the child lives.
- If you are applying to be a relative care provider, you must be an adult **and** a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, or adult sibling/step-sibling of the child needing care and must not live in the same home as the child.
- You must not have any physical impairment or other problem which would hinder you from giving adequate care and supervision to children.
- You must know how and when to seek help from others, i.e. how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- You must not have family responsibilities or other obligations which would interfere with providing day care to children.
- You must not be the parent/guardian/usual caretaker of any child for which you would receive payment.
- You must understand that you are employed and paid by the parent or other caretaker of the children for whom you provide care and he/she is responsible for the employer's share of any employer's taxes that need to be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes.
- You must not have had your day care license or registration revoked.
- You must not charge the parent more than what you charge the general public.
- You must keep permanent and accurate records for four years of daily attendance of all children served.
- You must give the parents of the children in your care unlimited access to their children while they are in your care.

### PROVIDER CERTIFICATION:

#### I certify that:

- All information I have given is true and accurate to the best of my knowledge.
- I have read, understand and meet all enrollment requirements and certification conditions listed.
- I understand that the Agency will complete background checks to determine:
  - if I, and/or any adult member of my household if I am applying to be a relative care provider, am a person responsible for the neglect or abuse of children in a confirmed Children's Protective Service case, or
  - if I have been convicted of certain crimes.
  - I know that my enrollment will be denied or revoked/terminated if FIA is aware that this is the case.
- I understand that I will not receive FIA payment for child care if my provider enrollment is denied or revoked/terminated.
- I understand that if I have misrepresented my circumstances or if I fail to meet the conditions as stated above or fail to abide by the requirements as stated above, the Agency may terminate or deny my enrollment as a day care aide and/or relative care provider.
- I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party including any adult in the program group or the group's authorized representative or provider of goods or services may be prosecuted for fraud.

Provider Signature

Date

Payments made by FIA for child care services are reported to the Internal Revenue Service.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: PA 280 of 1939.

COMPLETION: Is Voluntary.

CONSEQUENCE FOR NONCOMPLETION: Applicant's care of children will not be Agency funded.